

FILED JAN 3 - 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **39690**

BIRTH NO. _____		REG. DIST. NO. 42		PRIMARY REG. DIST. NO. 1000		Registrar's No. 1364			
1. PLACE OF DEATH a. COUNTY Buchanan				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Buchanan					
b. CITY (If outside corporate limits, write RURAL and give township) St. Joseph		c. LENGTH OF STAY (in this place) 4 yr. 4 mo. 22 day		c. CITY OR TOWN Frazier		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
d. FULL NAME OF HOSPITAL OR INSTITUTION State Hospital #2				e. STREET ADDRESS (If rural, give location) 0110					
3. NAME OF DECEASED (Type or Print) a. (First) THOMAS b. (Middle) _____ c. (Last) EMBREY			4. DATE OF DEATH (Month) (Day) (Year) December 22, 1955						
5. SEX male		6. COLOR OR RACE white		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed		8. DATE OF BIRTH May 6, 1875			
9. AGE (In years last birthday) 80		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 1 HR. Hours _____ Min. _____					
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) farmer		10b. KIND OF BUSINESS OR INDUSTRY farm		11. BIRTHPLACE (City and State or Foreign Country) Buchanan County, Missouri		12. CITIZEN OF WHAT COUNTRY? USA			
13a. FATHER'S NAME J. W. Embrey		13b. MOTHER'S MAIDEN NAME Lucindia Ford		14. NAME OF HUSBAND OR WIFE Maggie					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. none		17. INFORMANT'S SIGNATURE OR NAME ADDRESS John Embrey, Agency, Missouri					
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Lobar pneumonia ANTECEDENT CAUSES DUE TO (b) arteriosclerosis DUE TO (c) _____ Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Psychotic				INTERVAL BETWEEN ONSET AND DEATH 2 or 3 days 10 yrs. plus 4 years plus	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION							
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?					
22. I hereby certify that I attended the deceased from 12-22 , 19 55 , to 12-22 , 19 55 , that I last saw the deceased alive on 12-22 , 19 55 , and that death occurred at 5:30 p. m. , from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) W. E. Gossius M.D.				23b. ADDRESS State Hospital #2, St. Joseph, Mo.		23c. DATE SIGNED 12/22/1955			
24a. BURIAL, CREMATION, REMOVAL (Specify) burial		24b. DATE 12/28/1955		24c. NAME OF CEMETERY OR CREMATORY Frazier Cemetery		24d. LOCATION (City, town, or county) (State) Buchanan County, Missouri			
DATE REC'D BY LOCAL REG. Dec 29, 1955		REGISTRAR'S SIGNATURE Kathleen M. Allison		485 25. FUNERAL DIRECTOR'S SIGNATURE Newton-Bauman		ADDRESS St Joseph Mo.			

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by, Student Embalmer No..... working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....
Richard D. Collins

Licensed Embalmer No. *495*
319-fo. 10th
P. O. Address.....
St. Joseph

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.